

# CERTIFICATE OF NEED

## ***ADVISORY***

### Michigan Department of Health and Human Services

#### CERTIFICATE OF NEED

Lewis Cass Building  
320 S. Walnut St.  
Lansing, Michigan 48913  
(517) 241-3344 -Fax (517) 241-2962

### **CON Fees - Expedited Processing**

MCL 20161(3)(c): *If required by the Department, the applicant shall pay \$1,000.00 for a Certificate of Need application that receives expedited processing at the request of the applicant.*

- This form must be submitted via a separate e-mail to Project Coordinator ([mitchella7@michigan.gov](mailto:mitchella7@michigan.gov)).
- The Requested Proposed Decision Date must be specified. If the Department is unable to meet the requested date, an alternate decision date can be proposed.
- If the expedited processing request is approved by the Department, the applicant is responsible for submitting all requested additional information on a timely manner; otherwise, the application will be subject to the full review period.
- The Expedited Processing Fee can be submitted online at the time of application submission, or by a check mailed to the Department.

<b>SECTION 1 - DHHS USE</b>		<p align="center"><b>EXPEDITED PROCESSING REQUEST</b></p> <p align="center"><b>Michigan Department of Health and Human Services</b></p> <p align="center"><b>CERTIFICATE OF NEED</b></p> <p align="center">3<sup>rd</sup> Floor-Lewis Cass Building 320 South Walnut Street Lansing, Michigan 48913</p> <p align="center">Phone: (517) 241-3344 – Fax: (517) 241-2962</p>
CON Number		
Facility Number		
Date Submitted		
<p><b>AUTHORITY:</b> PA 368 of 1978, as amended</p> <p><b>COMPLETION:</b> Please complete this form and submit to the Department.</p>		<p><i>The Department of Health and Human Services is an equal opportunity employer, services and programs provider.</i></p>

SECTION 2			
1. Legal Name of Applicant <i>(Must be exactly the same as Section 2 on Letter of Intent)</i>			
2. Current Name of Facility			County
3. Proposed Name of Facility			
4. Current Facility Address <i>(Street &amp; Number or P.O. Box)</i>	City	State	ZIP Code

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<b>SECTION 4 – Requested Proposed Decision Due Date and Review Type (check one):</b>	
Requested (Expedited) Proposed Decision Due Date (Must be at least 30 days from submission of this request):	
<input type="checkbox"/> Non-Substantive Review	<input type="checkbox"/> Substantive Review

## SECTION 5 – Instructions and Certification

### INSTRUCTIONS

- This form must be submitted via a separate e-mail to Project Coordinator (mitchella7@michigan.gov).
- The Requested Proposed Decision Date must be specified. If the Department is unable to meet the requested date, an alternate decision date can be proposed.
- If the expedited processing request is approved by the Department, the applicant is responsible for submitting all requested additional information in a timely manner; otherwise, the application will be subject to the full review period.
- The Expedited Processing Fee can be submitted online at the time of application submission, or by a check mailed to the Department.

### CERTIFICATION

***An Expedited Processing Request shall not be considered received by the Department until the following conditions, as applicable, are met:***

- The applicant agrees to submit the Expedited Processing Request by a separate e-mail at the time of application submission and at least **30 days prior to the Requested Proposed Decision Date**.
- The applicant agrees to pay the Expedited Processing Fee of \$1,000 and the fee has been received by the Department.

### **CERTIFICATION OF ACCEPTANCE**

**Signature of Authorized Agent :**

**Date Signed:**

### **EXPEDITED PROCESSING REQUEST NOTIFICATIONS**

- The Department shall not charge the Expedited Processing Fee if the Request has been denied.
- The Expedited Processing Request is subject to approval by the CON Evaluation Section Manager. The Department shall respond to the Expedited Processing Request within **15** working days of the date of receipt, either granting or denying the request.
- The Department's decision to deny an Expedited Processing Request shall not be subject to Appeal.

### **DECISION**

☐ **APPROVED**

☐ **DENIED**

**Date of Decision:**

**For the Department of Health and Human Services by:**